Replaces VHA Directive 98-026

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 99-031

July 14, 1999

THE AVAILABILITY OF POTASSIUM CHLORIDE FOR INJECTION CONCENTRATE USP

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy regarding the use of potassium chloride for injection concentrate USP.

2. BACKGROUND

a. In recent years, numerous reports have been published in the medical literature of adverse events and deaths caused by errors in the use of potassium chloride for injection concentrate USP. This matter has been discussed on numerous VHA Headquarters pharmacy conference calls. Many facilities have already removed potassium chloride for injection concentrate USP and other hypertonic injectables from patient care areas.

b. VHA policy requires that a pharmacy-managed IV admixture program be responsible for the labeling, preparation, and distribution of IV admixtures. Understanding that some IV admixtures may not be prepared by the Pharmacy Service, practices and policies must be in place to ensure the IV admixtures not prepared by the Pharmacy Service are compatible with the policies that govern the pharmacy-prepared IV admixtures.

3. POLICY: VHA policy regarding potassium chloride for injection concentrate USP is as follows:

a. Potassium chloride for injection concentrate USP will not be stored on any wards, intensive care units, surgical suites and similar sites as ward stock.

b. Potassium chloride for injection concentrate USP will only be utilized as part of a pharmacy-managed IV admixture program; therefore, storage of the medication will be in the pharmacy and is the responsibility of the Pharmacy Service.

c. To meet patient needs, the use of manufactured “pre-mixed” large volume solutions, including those with potassium chloride, may be used in conjunction with a pharmacy-managed IV admixture program.

4. ACTION

a. All Department of Veterans Affairs (VA) medical facilities will ensure that any potassium chloride for injection concentrate USP is removed from all wards, intensive care units, operating suites, and clinics.

b. All VA medical facilities will establish medication use policies that include guidance regarding safe handling of potassium chloride for injection concentrate USP. Additionally, these policies shall specifically state that it is VA policy not to have potassium chloride for injection concentrate USP and other hypertonic injectable solutions on the wards and similar sites, that normal or routine VA practice is for IV solutions to be mixed centrally, that cardioplegic solutions

are prepared by, or supplied by, Pharmacy Service only, and that unit dose drug distribution is required for inpatient areas.

c. At VA medical facilities that perform heart transplant and open heart surgery, cardioplegic solutions are to be prepared by, or supplied by, the Pharmacy Service.

(1) Those solutions prepared by Pharmacy Service will be hand-delivered to the operating room (OR) by Pharmacy Service. These solutions are to be clearly labeled, "For Cardioplegia Only" and contain the patient's name. They may be secured in one location in, or adjacent to, the cardiac surgery suite, i.e., the OR automatic medication dispensing machine or the locked perfusionist's cabinet. Access is to be limited to the cardiac surgeon, cardiac anesthetist and/or cardiopulmonary bypass technician (perfusionist) and the OR pharmacist.

(2) The Chief, Anesthesia Service is responsible for:

(a) Identifying the secure location in the cardiac surgery suite;

(b) Assuring that access is limited to those individuals requiring access to this highly concentrated therapeutic agent;

(c) Ascertaining that the correct solution is used in the correct patient (as in the use of blood or blood products);

(d) Providing for the disposition of any unused cardioplegic solutions; and

(e) Developing, publishing, and maintaining a local policy that assures the accountability and safety of the drug.

5. REFERENCE: None.

6. FOLLOW-UP RESPONSIBILITY: The Chief Consultant for Pharmacy Benefits Management Strategic Healthcare Group (119) is responsible for the contents of this directive.

7. RESCISSIONS: Directive 98-026, is rescinded. This VHA Directive expires July 31, 2004.

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